



REPLY TO:
HOVENSA L.L.C.
1 Estate Hope
Christiansted, VI 00820-5652

July 7, 2010

CERTIFIED MAIL NO.: 7008 1830 0004 0473 1174
RETURN RECEIPT REQUESTED

Mr. Carlos E. O'Neill
U. S. EPA – Caribbean Environmental Protection Division
Centro Europa Building
Suite 417
1492 Ponce de Leon Avenue
Santurce, PR 00907-4127

Subject: Asbestos Renovation Notification

Dear Mr. O'Neill:

The attached Notification of Asbestos Demolition and Renovation is made pursuant to 40 CFR 61.145 (b).

If you have any questions or need additional information, please contact Corin Kaough at (340) 692-3727 or the undersigned at (340) 692-3774.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Antoine".

For Kathleen C. Antoine
Environmental Director

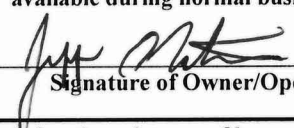
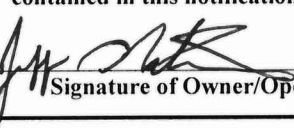
KCA/CK/Im

Attachment

cc: Michael Petievich
Eric Moschallski
Danny Reed

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components: removal of lab bench tops		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: <i>remove lab counter tops; wrap with 4 mil poly, label and dispose of correctly.</i>		
XII.	Waste Transporter #1 Name: <u>Turner St.Croix Maintenance Inc.</u> Address: <u>#1 Estate Hope</u> City: <u>Christiansted</u> State: <u>VI</u> Zip Code: <u>00820</u> Contact: <u>Jeff Nations</u> Telephone: <u>(340) 692-9982</u> Waste Transporter #2 Name: <u>N/A</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: <u>()</u>		
XIII.	Waste Disposal Name: <u>On-Site Waste Disposal - Asbestos Landfill</u> Address: <u>#1 Estate Hope</u> City: <u>Christiansted</u> State: <u>VI</u> Zip Code: <u>00820</u> Contact: <u>Jeff Nations</u> Telephone: <u>(340) 692-3249</u>		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: <u>N/A</u> Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: <u>N/A</u> 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Shut down work; wet material; perform regulated cleanup; perform air monitoring		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature of Owner/Operator </div> <div style="text-align: center;"> <u>7/7/10</u> _____ Date </div> <div style="text-align: center;"> <u>Jeff Nations Superintendent</u> _____ Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature of Owner/Operator </div> <div style="text-align: center;"> <u>7/7/10</u> _____ Date </div> <div style="text-align: center;"> <u>Jeff Nations Superintendent</u> _____ Type or Print Name and Title </div> </div>		